

PATENT APPLICATION DECLARATION AND POWER OF ATTORNEY

I HEREBY DECLARE THAT:

My residence, post office address, and citizenship are as stated next to my name in PART A on pages 2 and 3 hereof.

I believe I am the original, first, and sole inventor (if only one name is listed) or an original, first, and joint inventor (if plural names are listed) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Compounds That Inhibit The Binding of Integrins to Their Receptors the specification of which:

☐ is attached hereto;

☒ was filed on April 15, 1999 as Application Serial No. 09/292,459 and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to herein.

I acknowledge the duty to disclose all information to the Patent and Trademark Office known to me to be material to patentability of this application, as defined in Title 37, Code of Federal Regulations, Sec. 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, Sec. 119 of any foreign application(s) for patent or inventor's certificate listed in PART B on page 3 hereof and have also identified in PART B on page 3 hereof any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed.

I hereby claim the benefit under Title 35, United States Code, Sec. 120 of any United States application(s) listed in PART C on page 3 hereof and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, Sec. 112, I acknowledge the duty to disclose all information to the Patent and Trademark Office known to me to be material to patentability of this application, as defined in Title 37, Code of Federal Regulations, Sec. 1.56, which became available between the filing date of the prior application and the national or PCT international filing date of this application.

I hereby declare that all statements made herein of my knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

I hereby appoint the following as my attorneys or agents with full power of substitution to prosecute this application and transact all business in the United States Patent and Trademark Office connected therewith:

Lawrence J. Chapa	Reg. No. 39135	Kathleen A. Lyons	Reg. No. 31,852	Elaine M. Ramesh	Reg. No. 43,032
Randall T. Erickson	Reg. No. 33,872	John P. Milnamow	Reg. No. 20,635	Keith V. Rockey	Reg. No. 24,713
Stephen D. Geimer	Reg. No. 28,846	Lisa V. Mueller	Reg. No. 38,978	Thomas I. Ross	Reg. No. 29,275
Allen J. Hoover	Reg. No. 24,103	Paul M. Odell	Reg. No. 28,332	Joel E. Siegel	Reg. No. 25,440
Martin L. Katz	Reg. No. 25,011	Robert B. Polit	Reg. No. 33,993	Paul M. Vargo	Reg. No. 29,116

whose mailing address for this application is:

ROCKEY, MILNAMOW & KATZ, LTD.
Two Prudential Plaza - Suite 4700
180 North Stetson Avenue
Chicago, Illinois 60601
Telephone: (312) 616-5400

See Pages 2 and 3 attached, signed, and made a part hereof.

Rev. 07/97 Attorney Docket # TEX4542P0391US

PATENT APPLICATION DECLARATION AND POWER OF ATTORNEY

PART A: Inventor Information and Signature

Full name of SOLE or FIRST inventor Ian L. Scott
 Citizenship Great Britain Residence 53 Ramsey Place
Albany, NY 12208

Post Office Address (If different) _____

First Inventor's signature: Ian L. Scott Date: 5/6/99

Full name of SECOND joint inventor, if any Bore G. Raju
 Citizenship India Residence 41010 Cornac Terrace
Fremont, CA 94539

Post Office Address (If different) _____

Second Inventor's signature: Bore G. Raju Date: 5/10/99

Full name of THIRD joint inventor, if any Ronald J. Biediger
 Citizenship US Residence 17002 E. Copper Lakes Court
Houston, TX 77095

Post Office Address (If different) _____

Third Inventor's signature: Ronald J. Biediger Date: 4/27/99

Full name of FOURTH joint inventor, if any Vanessa O. Grabbe
 Citizenship USA Residence 2022 Canyon Crest Drive
Sugar Land, TX 77479

Post Office Address (If different) _____

Fourth Inventor's signature: Vanessa Grabbe Date: 4/27/99

Full name of FIFTH joint inventor, if any Jamal Kassir
 Citizenship Lebanon Residence 2121 Hepburn #713
Houston, TX 77054

Post Office Address (If different) _____

Fifth Inventor's signature: Jamal Kassir Date: 4/26/99

Full name of SIXTH joint inventor, if any Karin M. Keller
 Citizenship US Residence 8330 El Mundo Apt. 808
Houston, TX 77054

Post Office Address (If different) _____

Sixth Inventor's signature: Karin M. Keller Date: 4/26/99

See Pages 1 and 3 attached and made a part hereof.

PATENT APPLICATION DECLARATION AND POWER OF ATTORNEY

PART A: (Continued)

Full name of SEVENTH joint inventor, if any Timothy P. Kogan (Deceased), by Patricia Woodard Kogan, his executrix

Citizenship USA Residence 3422 Creekstone Drive

Sugar Land, TX 77479

Post Office Address (If different) _____

Seventh Inventor's signature: Patricia Woodard Kogan Date: _____

Independent Executrix for Timothy P. Kogan

Full name of EIGHTH joint inventor, if any Shuqun Lin

Citizenship China Residence 623 Meadowbrook Drive

Huntingdon Valley, PA 19006

Post Office Address (If different) _____

Eighth Inventor's signature: Shuqun Lin Date: 5/4/99

• Full name of NINTH joint inventor, if any Robert V. Market

Citizenship US Residence 2215 St. James Place

Pearland, TX 77581

Post Office Address (If different) _____

Ninth Inventor's signature: Robert V. Market Date: 4-26-99

Full name of TENTH joint inventor, if any _____

Citizenship USA Residence _____

Post Office Address (If different) _____

Tenth Inventor's signature: _____ Date: _____

PART B: Prior Foreign Application(s)

Serial No.	Country	Day/Month/Year Filed	Priority Claimed	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No

PART C: Claim for Benefit of Filing Date of Earlier U.S. Application(s)

Serial No.	Filing Date	Status:		
60/082019	April 16, 1998	<input type="checkbox"/> Patented	<input checked="" type="checkbox"/> Pending	<input type="checkbox"/> Abandoned
		<input type="checkbox"/> Patented	<input type="checkbox"/> Pending	<input type="checkbox"/> Abandoned

See Pages 1 and 2 to which this is attached and from which this Page 3 continues.

Applicant or Patentee:
Serial or Patent No.:
Filed or Issued:
For:

Scott et al.
09/292,459
April 15, 1999
Compounds That Inhibit The Binding Of Integrins To The Receptor

Atty Docket No. TEX4542P0391US



VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY STATUS

(37 C.F.R. 1.9(f) AND 1.27(c) - SMALL BUSINESS CONCERN)

I hereby declare that I am

- ☐ the owner of the small business concern identified below:
☒ an official of the small business concern empowered to act on behalf of the concern identified below:

NAME OF CONCERN: Texas Biotechnology Corporation

ADDRESS OF CONCERN: 7000 Fannin Street, Suite 1920
Houston, TX 77030 USA

I hereby declare that the above identified small business concern qualifies as a small business concern as defined in 13 C.F.R. 121.12, and reproduced in 37 C.F.R. 1.9(d), for purposes of paying reduced fees to the United States Patent and Trademark Office, in that the number of employees of the concern, including those of its affiliates, does not exceed 500 persons. For purposes of this statement, (1) the number of employees of the business concern is the average over the previous fiscal year of the concern of the persons employed on a full-time, part-time, or temporary basis during each of the pay periods of the fiscal year, and (2) concerns are affiliates of each other when either, directly or indirectly, one concern controls or has the power to control the other, or a third party or parties controls or has the power to control both.

I hereby declare that rights under contract or law have been conveyed to and remain with the small business concern identified above with regard to the invention, entitled: Compounds That Inhibit The Binding of Integrins to The Receptors by inventor(s): Ian L. Scott, Bore G. Raju, Ronald J. Biediger, Vanessa O. Grabbe, Jamal M. Kassir, Karin M. Keller, Timothy P. Kogan, Shuqun Lin and Robert V. Market described in:

- ☐ the specification filed herewith.
☒ Application Serial No. 09/292,459, filed April 15, 1999.
☐ Patent No. _____, issued _____.

If the rights held by the above-identified small business concern are not exclusive, each individual, concern, or organization having rights in the invention is listed below* and no rights to the invention are held by any person, other than the inventor, who would not qualify as an independent inventor under 37 C.F.R. 1.9(c) if that person had made the invention, or by any concern which would not qualify as a small business concern under 37 C.F.R. 1.9(d) or a nonprofit organization under 37 C.F.R. 1.9(e). *NOTE: Separate verified statements are required from each named person, concern, or organization having rights to the invention averring to their status as small entities. (37 C.F.R. 1.27)

NAME _____
ADDRESS _____

☐ INDIVIDUAL ☐ SMALL BUSINESS CONCERN ☐ NONPROFIT ORGANIZATION

NAME _____
ADDRESS _____

☐ INDIVIDUAL ☐ SMALL BUSINESS CONCERN ☐ NONPROFIT ORGANIZATION

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 C.F.R. 1.28(b))

I hereby declare that all statements made herein of my own knowledge are true, and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

NAME OF PERSON SIGNING: David B. McWilliams

TITLE OF PERSON OTHER THAN OWNER: President and CEO

ADDRESS OF PERSON SIGNING: 7000 Fannin Street, Suite 1920, Houston, TX 77030USA

SIGNATURE: David B. McWilliams

DATE: April 26, 1999

LETTERS TESTAMENTARY

NO: 15070

THE STATE OF TEXAS	} {	IN THE COUNTY COURT
	} {	
COUNTY OF FORT BEND	} {	FORT BEND COUNTY, TEXAS
	} {	

I, Dianne Wilson, Clerk of the County Court of Fort Bend County, Texas do hereby certify that on the 23RD day of JUNE, 1998, PATRICIA W. KOGAN was(were) duly granted by said Court, Letters Testamentary of the Estate of TIMOTHY PETER KOGAN, deceased, and that SHE qualified as such INDEPENDENT EXECUTRIX of said Estate on the 30TH day of JUNE, 1998 as the law requires, and that said appointment is still in full force and effect.

Witness my hand and seal of office in Richmond, Texas this 19TH day of NOVEMBER, 1998.

DIANNE WILSON, COUNTY CLERK
FORT BEND COUNTY, TEXAS

By Deborah Perez
DEBORAH PEREZ, Deputy

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF SAN DIEGO

CERTIFICATE OF DEATH

3 199837 008523

STATE FILE NUMBER		USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS VS-11 (REV. 7/97)				LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (GIVEN) Timothy		2. MIDDLE Peter		3. LAST (FAMILY) Kogan			
4. DATE OF BIRTH M/M/DD/CCYY 09/30/1956		5. AGE YRS. 41		6. SEX M		7. DATE OF DEATH M/M/DD/CCYY Found, 05/27/1998	
8. STATE OF BIRTH UK		9. SOCIAL SECURITY NO. 212-98-1522		10. MILITARY SERVICE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		11. MARITAL STATUS Married	
12. RACE Caucasian		13. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		14. USUAL EMPLOYER Texas Biotechnology Corporation		15. EDUCATION—YEARS COMPLETED 17	
16. OCCUPATION Research Management		17. KIND OF BUSINESS Pharmaceutical		18. YEARS IN OCCUPATION 17			
19. RESIDENCE—(STREET AND NUMBER OR LOCATION) 3422 Creekstone Drive							
20. CITY Sugar Land		21. COUNTY Fort Bend		22. ZIP CODE 77479		23. STATE OR FOREIGN COUNTRY TX	
24. NAME, RELATIONSHIP Patricia W. Kogan - Wife							
25. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 3422 Creekstone Drive, Sugar Land, TX 77479							
26. NAME OF SURVIVING SPOUSE—FIRST Patricia		27. MIDDLE -		28. LAST (MAIDEN NAME) Woodard			
29. NAME OF FATHER—FIRST Lionel		30. MIDDLE -		31. LAST Kogan			
32. NAME OF MOTHER—FIRST Lily		33. MIDDLE -		34. LAST (MAIDEN) Hodgkiss			
35. DATE M/M/DD/CCYY 05/29/1998		36. PLACE OF FINAL DISPOSITION Memorial Oaks Cemetery - 13001 Katy Freeway, Houston, TX 77079					
37. TYPE OF DISPOSITION(S) TR/BU		38. SIGNATURE OF ENBALMER <i>Patricia Kogan - Carson</i>				39. LICENSE NO. 8441	
40. NAME OF FUNERAL DIRECTOR Greenwood Mortuary		41. LICENSE NO. FD-843				42. DATE M/M/DD/CCYY 05/29/1998	
43. PLACE OF DEATH Found, Hotel		44. IF HOSPITAL, SPECIFY ONE: <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA		45. FACILITY OTHER THAN HOSPITAL: <input type="checkbox"/> CONV. <input type="checkbox"/> MOER <input type="checkbox"/> CARE <input type="checkbox"/> OTHER		46. COUNTY San Diego	
47. STREET ADDRESS—(STREET AND NUMBER OR LOCATION) 910 Broadway Circle, Room 1126		48. CITY San Diego					
49. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D) (A) Positional asphyxia with neck compression		50. TIME INTERVAL BETWEEN ONSET AND DEATH Rapid		51. DEATH REPORTED TO CORONER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
52. DUE TO (B) -		53. BIOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		54. AUTOPSY PERFORMED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
55. DUE TO (C) -		56. USED IN DETERMINING CAUSE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		57. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107 Diabetes mellitus with hypoglycemia and seizures			
58. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 113? IF YES, LIST TYPE OF OPERATION AND DATE. No							
59. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. DECEDENT ATTENDED SINCE M/M/DD/CCYY DECEDENT LAST SEEN ALIVE M/M/DD/CCYY		60. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>		61. LICENSE NO.		62. DATE M/M/DD/CCYY	
63. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP							
64. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		65. INJURY AT WORK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		66. INJURY DATE M/M/DD/CCYY Found, 05/27/1998		67. HOUR 0820	
68. MANNER OF DEATH <input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED		69. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY) Asphyxiated self when became wedged between bed and night stand.					
70. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP) 910 Broadway Circle, Room 1126, San Diego 92101							
71. SIGNATURE OF CORONER OR DEPUTY CORONER <i>[Signature]</i>		72. DATE M/M/DD/CCYY 05/28/1998		73. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER C. I. SWALWELL, M.D., D.N.E.		74. FAX AUTH. # 9808216	
75. STATE A		76. COUNTY B		77. CENSUS TRACT C		78. CENSUS TRACT D	

9947
59120

CAUSE
OF
DEATH

257

2 L
X 20

CORONER'S
USE
ONLY

A0239970

County of San Diego - Department of Health Services - 3851 Rosecrans Street. This is to certify that, if bearing the OFFICIAL SEAL OF THE STATE OF CALIFORNIA, the OFFICIAL SEAL OF SAN DIEGO COUNTY and THEIR DEPARTMENT OF HEALTH SERVICES EMBOSSED SEAL, this is a true copy of the ORIGINAL DOCUMENT FILED. Required fee paid.

DATE ISSUED: September 18, 1998

ROBERT K. ROSS, M.D.
REGISTRAR OF VITAL RECORDS
County of San Diego

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.



COUNTY OF SAN DIEGO

3 199837 008523

STATE FILM NUMBER

DEATHS AFTER 1-1994

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

NO ERASURES, WHITEOUTS, OR ALTERATIONS

STATE/LOCAL REGISTRAR USE ONLY	1.	2.	3.
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NAME AS IT APPEARS ON RECORD	1. NAME—FIRST (GIVEN)		2. MIDDLE		3. LAST (FAMILY)	
	Timothy		Peter		Kogan	
	4. SEX	5. DATE OF EVENT—MM/DD/CCYY	6. CITY OF OCCURRENCE		7. COUNTY OF OCCURRENCE	
	M	Found, 05/27/1998	San Diego		San Diego	
ADDITIONAL INFORMATION TO LOCATE RECORD	8. FATHER'S NAME AS STATED ON ORIGINAL			9. MOTHER'S NAME AS STATED ON ORIGINAL		
	Lionel Kogan			Lily Hodgkiss		


[illegible]

AFFIDAVITS AND SIGNATURES	We, the undersigned, hereby certify under penalty of perjury that we have personal knowledge of the above facts and that the information given above is true and correct.
---------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------

**TWO
PERSONS
MUST SIGN
THIS FORM**

USE
BLACK INK
ONLY

STATE/LOCAL
REGISTRAR
USE ONLY

14. SIGNATURE OF FIRST PERSON 	15. TITLE/RELATIONSHIP TO PERSON IN PART I Mortuary Clerk	16. DATE SIGNED—MM/DD/CCYY 06/05/1998
----------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------	------------------------------------------

17. AGE	18. ADDRESS (STREET, CITY, STATE, ZIP)
Legal	I-805 & Imperial Avenue, San Diego, CA 92102

19. SIGNATURE OF SECOND PERSON <i>Siennika Prypp</i>	20. TITLE/RELATIONSHIP TO PERSON IN PART I Mortuary Clerk	21. DATE SIGNED—MM/DD/CCYY 06/05/1998
---------------------------------------------------------	--------------------------------------------------------------	------------------------------------------

22. AGE	23. ADDRESS (STREET, CITY, STATE, ZIP)
Legal	I-805 & Imperial Avenue, San Diego, CA 92102

24. SIGNATURE OF STATE OR LOCAL REGISTRAR

25. DATE ACCEPTED FOR REGISTRATION—MM/DD CCYY

06/08/1998

A0239990

County of San Diego - Department of Health Services - 3851 Rosecrans Street. This is to certify that, if bearing the OFFICIAL SEAL OF THE STATE OF CALIFORNIA, the OFFICIAL SEAL OF SAN DIEGO COUNTY and THEIR DEPARTMENT OF HEALTH SERVICES EMBOSSED SEAL, this is a true copy of the ORIGINAL DOCUMENT FILED. Required fee paid.

DATE ISSUED: September 18, 1998

ROBERT K. ROSS, M.D.
REGISTRAR OF VITAL RECORDS
County of San Diego

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE